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SHOWN BELOW:Date of Transmission: 2/06/06  
Name of Person Making Transmission: Linda  
Roberts-JacksonSignature: 

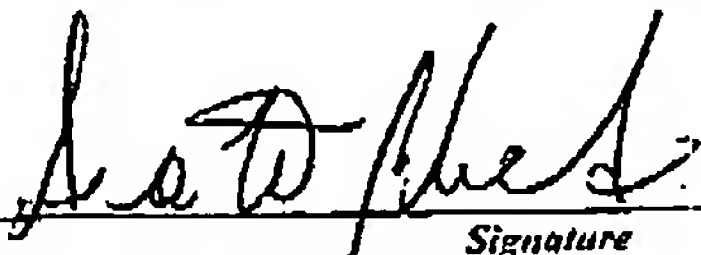
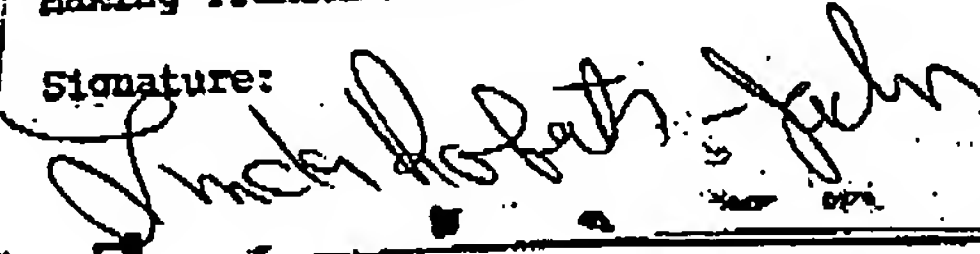
DOCUMENT(S) FAXED: (MARKED WITH X) 10 PAGES ATTACHED

Re Applic of	Mo, et al.
Docket No.	FIS920040044US1
Serial No.	10/710,001
Filing Date	6/11/04
Attorney	Ira D. Blecker

**Attached: EX PARTE QUAYLE AMENDMENT 9 pages, AMENDMENT  
TRANSMITTAL LETTER****PLEASE DELIVER TO:**  
EXAMINER: ISAAC, STANETTA D.  
ART UNIT: 2812  
PHONE NO:  
FAX NO: 571-273-8300

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INTERNATIONAL BUSINESS  
MACHINES CORPORATIONIntellectual Property Law  
East Fishkill Facility  
2070 Route 52  
Hopewell Junction  
New York 12533-6531Fax: 845-892-6363  
Phone: 845-894-2580

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. FIS920040044US1	
Applicant(s): Mo, et al.						
Application No. 10/710,001	Filing Date 6/11/04	Examiner ISAAC, STANETTA D.	Customer No. 32074	Group Art Unit 2812	Confirmation No. 4000	
Invention: FORMING SHALLOW TRENCH ISOLATION WITHOUT THE USE OF CMP					RECEIVED CENTRAL FAX CENTER FEB 06 2006	
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	22 -	22 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	4 -	4 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 090458 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature			Dated: February 6, 2006			
Ira D. Blecker, Reg. No. 29,894 International Business Machines Corporation 2070 Route 52 / Zip 482 Hopewell Junction, NY 12533 Fax No. (845) 892-6363			<b>CERTIFICATION OF FACSIMILE TRANSMISSION:</b> I hereby certify that this correspondence is being facsimile transmitted to the USPTO on the date shown below: Date of Transmission: 2/06/06 Name of Person Making Transmission: Linda Roberts-Jackson Signature: 			
CC:						

P11LARGE/REV09

10/710,001

FIS920040044US1

I hereby certify that this paper and fee are being TRANSMITTED VIA FACSIMILE TO: Assistant Commissioner for Patents, P. O. Box 1450, ALEXANDRIA, VA 22313-1450. Date of Deposit: 02/06/06. Name of Person Making Deposit: Linda Roberts-Jackson

Signature



In the United States Patent and Trademark Office

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Date: 2/06/06

In re Mo; et al.

Filed: 6/11/04

FEB 06 2006

Application of:

For: FORMING SHALLOW TRENCH ISOLATION  
WITHOUT THE USE OF CMP

Serial Number: 10/710,001

Confirmation No. 4000

Art Unit: 2812

Examiner: ISAAC, STANETTA  
D.**EX PARTE QUAYLE AMENDMENT**

Hon. Commissioner of Patents and Trademarks  
P. O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed December 30, 2004, the present  
application is amended as follows: